

Pay premiums for a maximum of **10 YEARS** and get cover for **WHOLE OF LIFE.**

Please complete in block letters using black or blue ink.

## POLICY NUMBER

An insurance agent who assists an applicant to complete this form shall be deemed to have done so as the agent of the applicant.

### A. POLICYHOLDER DETAILS:

Title  Initials  Is policyholder to be covered? (✓)  Y  N  Effective date

First name(s)

Surname

Previous surname

Date of birth         Identification number

Type of identification: (✓) National ID  Valid passport  Driver's licence

Marital Status: Married  Single  Other(Specify)  Gender (✓)  M  F

Country of birth  Nationality (Citizenship)

Do you pay tax in another country? (✓) YES  NO  Tax reference number

Name of country in which you pay tax

Are you covered for a funeral benefit with CABS or Old Mutual (✓)  Y  N  If yes please provide details of cover: Policy Number  Sum Assured

Source of Income (✓) Salaried  Self-employed  Occupation

Your net monthly income: (✓)  \$100 - \$500  \$501 - \$1000  \$1001 - \$1,500  \$1,501 - \$2,000  Above \$2,500

Source of funds for this contract

### B. POLICYHOLDER CONTACT DETAILS:

Preferred mode of communication (✓)  Email    Postal

Email address

Mobile number                Alternative contact number

#### B1. RESIDENTIAL ADDRESS

Street address

City or Town  Country

#### B. 2 POSTAL ADDRESS (if different from (B1) above)

Street address/Box Address

City or Town  Country  Postal code (if available)

### C. BENEFICIARY FOR PROCEEDS AND OWNERSHIP DETAILS: (Not automatically covered unless details are included in Section E)

Title  Initials  Marital Status: (✓) Married  Single  Other (Specify)

First Name(s)  Gender: (✓)  M  F

Surname(s)  Previous Surname(s)

Date of birth         Identification number

Occupation  Relationship to Policyholder

Mobile number  Alternative Mobile number  Email-Address

NB: (Please attach a copy ID for the next of Kin )

**POLICY NUMBER**

**D. FUNERAL COVER BENEFIT OPTION: (Please select the amount of cover required by ticking (✓) appropriate box)**

Selected cover level  \$500  \$1000  \$2000  \$5000

| MONTHLY PREMIUMS                          |        |         |         |         | SINGLE OR ONCE OFF PREMIUMS |          |            |            |
|---|--------|---------|---------|---------|-----------------------------|----------|------------|------------|
| Cover amount                              | \$500  | \$1000  | \$2000  | \$5000  | \$500                       | \$1000   | \$2000     | \$5000     |
| Children                                  | \$1.00 | \$2.00  | \$3.00  | \$4.00  | \$81.00                     | \$161.00 | \$242.00   | \$322.00   |
| Adults to age 65                          | \$3.00 | \$4.00  | \$7.00  | \$16.00 | \$249.00                    | \$345.00 | \$580.00   | \$1,325.00 |
| Adults from Age 66-74 years last birthday | \$5.00 | \$10.00 | \$17.00 |         | \$415.00                    | \$829.00 | \$1,408.00 |            |

\*(All premium rates are quoted in United States Dollars)

Child option can be chosen in conjunction with the main member. Children below the age of 14 enjoy cover of 75% of the member. Other dependant covers and premiums are equal to that of the principal member. Child shall mean a natural child or step child or legally adopted child of the principal member who is under the age of 21 years and **cover ceases when the child reaches 21 even after the policy has matured. Child dependants are defined as age 0 to 21 age last birthday . However, a child can use adult rates if aged 18 and above. In which case, cover will not fall away at age 21.**

**E. FAMILY OR OTHER DEPENDENTS TO BE COVERED**

| Initials | First Name/s | Surname | Gender (✓) |   | Date of Birth |   |   |   |   |   |   |   | ID Number | Relationship | Age-group(✓) |   |
|----------|--------------|---------|------------|---|---------------|---|---|---|---|---|---|---|-----------|--------------|--------------|---|
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |
|          |              |         | M          | F | D             | D | M | M | Y | Y | Y | Y |           |              | A            | C |

\*\* (Please attach copy of ID(s) or birth certificates for all the listed dependants).

**Total Premium due** \_\_\_\_\_

**F. PAYMENT DETAILS**

Payment Frequency: (✓) Monthly  Once -off/Single  Pay-point ID  (For internal use only)

Select method of payment (✓)  Cash  Stop Order  Debit Order

**NB : If you have more than one policy with us and your method of payment is either Debit Order or Stop Order, would you like your deduction to be combined (Please indicate by ticking (✓) appropriate box).**  Y  N

**F.1 DEBIT ORDER PAYMENT DETAILS**

Bank Name  Branch Name

Account Holder's Name  Branch Sort Code

Account Number  Account Type

Debit order deduction start date  Debit order deduction day

Payer's Signature

**Debit order only** - Preferred deduction day should be between 1st and 31st of the month. (If no deduction day is specified, deduction will be made on 1st of the month and if the deduction date falls on a weekend or a holiday, it will be rolled forward to the next working day. Collections will be made as detailed here, or as subsequently advised. If the payer is different from the Policyholder, **please** complete a separate debit order mandate form.

**\*\*Debit orders for other banks cannot operate unless the premium is \$20.00 or above except for CABS account holders\*\***

**POLICY NUMBER**

**F.2 STOP ORDER PAYMENT DETAILS**

Employer's Name  Employer's Physical Address

Employee's Full Name

Salary deduction start date         Salary deduction end date

Employee's Number                      Employee's Signature

**Stop Order:** please submit fully completed stop order mandate form for stop order deductions to be effected.

**Cash** - Payments can be made at your nearest CABS branch. Mobile money transfers, cheques and internet transfers are to be considered as Cash payment options. Payments made through Mobile Money can be done via Eco-cash biller code {88659} or through Tele-cash or any registered mobile network with CABS. Always ensure that your policy Number is quoted

**G. DECLARATIONS**

(Tick appropriate box) (✓)

I declare that I am **NOT** a politically exposed person as defined by the Money Laundering and Proceeds of Crime Act (Chapter 9:24)

I declare that I **AM** a politically exposed person as defined by the Money Laundering and Proceeds of Crime Act (Chapter 9:24)

1. What is a politically exposed person?

A politically exposed person is an individual who is or has, at any time in the preceding year been entrusted with a prominent public function and include the following persons:

- Heads of state, heads of government, ministers and deputy or assistant ministers
- Members of parliament
- Members of courts and auditors or the boards of the central bank
- Ambassadors and high ranking officers in the armed forces
- Members of the administrative, management or supervisory bodies of state-owned enterprises

2. What is immediate family or close associates of a politically exposed person?

A politically exposed person also includes an immediate family member or a known close associate of such a person. Immediate family members and close associates in this instance refer to the following person(s):

- A spouse
- Parents
- Any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other such close business relations with a person entrusted with a prominent public function

I .....acknowledge that I am obliged to inform CABS immediately of any changes to this information and have enclosed my proof of residence and identity document. All personal information submitted to CABS may be used to undertake a search with a third party electronic identity checking service provider for the purpose of verifying my identity. To do so, the third party may check the details I have provided against any particulars to which they have access.

I also declare that the statements and particulars on this form, whether in my own writing or not, are true and complete. I declare that I have not misstated or withheld any material facts. I agree that this application together with any other information supplied shall form the basis of the insurance contract effected hereon. I have read and understood the Terms and Conditions of this policy. I also confirm that this proposal has been signed in front of an CABS advisor who has also explained these terms and conditions to me.

Applicant's full name

Applicant's Signature

Date signed

Place

CABS stamp

1<sup>st</sup> Agent's Full Name

1<sup>st</sup> Agent's code  Split

2<sup>nd</sup> Agent's Full Name

2<sup>nd</sup> Agent's code  Split

1<sup>st</sup> Agent's Signature

Date                      LEAD CODE

## **TERMS AND CONDITIONS**

### **1. Product Overview**

The CABS Funeral Plan offers you an affordable and flexible means of providing funds to meet funeral expenses in the event of your death. Funeral cover is provided for life and the benefit can be purchased by monthly premiums payable for 10 years. You can get cover up to a maximum of USD 5,000. The maximum cover applies to the total cover that can be provided by the underwriter for all your funeral policies. Your cover starts on the first day of the month following the first premium payment.

### **2. Benefits**

Benefits under this policy have a waiting period of THREE months for persons below 66 years and SIX months for persons aged between 66 years and 74 years at the time of purchasing the policy. Accidental death shall be covered immediately after the payment of the first premium, i.e. there is no waiting period for accidental death.

Accidental death shall mean death caused directly and independently of all other causes, by bodily injury resulting solely from external, violent and unintentional means and was not directly or indirectly attributable to or accelerated by any of the causes as stated below.

No benefit will be payable if death occurs as a result of:

- Nuclear activity or radioactivity
- Willful exposure to danger by the life assured except in an attempt to save human life
- War, enemy hostilities, commotion, insurrection, revolution, military seizure of power or the usurping of power or any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force of the government or to the influencing of terrorism or violence.

### **3. Premium Commitment**

One premium is due on the first of each calendar month. One calendar month is allowed for payment of premium during which full cover will be available. This is called Grace period. If the premium is not paid within the grace period, the policy shall enter a reinstatement period.

#### **3.1 Reinstatement period**

- a) The reinstatement period is 3 months and you will not be covered during this time.
- b) If a premium is received during reinstatement, the policy is reinstated and cover is restored immediately.

- c) If no premium is received by the end of the reinstatement period, the policy lapses.
- d) There will be a maximum of 3 reinstatement periods.
- e) Premiums missed during the reinstatement period will not need to be repaid.

### **4. Claims**

To make a claim your beneficiary will need to produce

- A completed claim form
- Original copy of the contract
- Original burial order, death certificate or certificate of cause of death
- I.D. of the beneficiary
- Proof of Age of the deceased
- Police report in the case of an accident
- 

Unless CABS receives written notification within forty five days of death resulting in a claim being made against this policy, CABS shall in no case whatsoever be liable to pay any benefit. The beneficiary shall duly complete such forms and give such additional details and assistance and furnish such proof in relation to claims as CABS at its discretion may require.

### **5. Cooling off period**

If cancellation of this policy occurs within one month from the date the first premium was paid, the total premium/s paid will be refunded provided that an insured event has not happened. No premiums will be refunded after this period has lapsed.

### **6. Assignment**

This policy shall not be ceded or transferred under any circumstances whatsoever.

**Please read this document carefully in order to fully understand the basis in which this policy contract is drawn up. It is an important document please keep it in a safe place.**

**IT IS IMPORTANT TO NOTE THAT WHILE YOU HAVE NOT BEEN ASKED TO PRODUCE PROOF OF AGE IN THE FORM OF BIRTH CERTIFICATES OR ID DOCUMENTS FOR YOUR BENEFICIARIES IF IT TURNS OUT THAT THE INFORMATION YOU HAVE SUPPLIED FOR THEM IS INCORRECT THEN OLD MUTUAL RESERVES THE RIGHT TO DECLINE THE SETTLEMENT OF A CLAIM SHOULD IT ARISE FOR SUCH BENEFICIARIES/DEPENDANTS.**